



**TOWN OF LA CONNER
APPLICATION FOR
ACCESSORY USE/INDUSTRIAL ZONE
CLASS I**

File # _____

Date of Application _____

Location of Accessory Use: _____

Tax Parcel Number(s) _____

APPLICANT:

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

PROPERTY OWNER:

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

TYPE OF ACCESSORY USE:

- ☐ On-site Recycling and Treatment of Waste Products
- ☐ Temporary Building Incidental to On-site Construction
- ☐ Wholesale/Retail Outlet or Showroom for Products Produced On-site
- ☐ Employee Cafeteria, Motorized Vending, Auditoriums

PROJECT DESCRIPTION:

Applications will be reviewed and a Certificate of Authorization issued or denied in accordance with the Town of La Conner Uniform Development Code 15.40.030.

Applicant Signature _____

Date _____

Property Owner Signature _____

Date _____

OFFICE USE ONLY

Permit fee paid _____ Date _____

☐ Approved

☐ Denied Reason for denial _____

Planning Director _____ Date _____